

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

101561, 425

12-19-05

APPLICANT(S)

CLAIMS

CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		/		/			51					
2			/		/			52					
3			/		/			53					
4			/		/			54					
5			/		/			55					
6			/		/			56					
7			/		/			57					
8			/		/			58					
9			/		/			59					
10			/		/			60					
11			/		/			61					
12			/		/			62					
13			/		/			63					
14			/		/			64					
15			/		/			65					
16			/		/			66					
17			/		/			67					
18			/		/			68					
19			/		/			69					
20			/		/			70					
21			/		/			71					
22			/		/			72					
23			/		/			73					
24			/		/			74					
25			/		/			75					
26			/		/			76					
27			/		/			77					
28			/		/			78					
29			/		/			79					
30			/		/			80					
31			/		/			81					
32			/		/			82					
33			/		/			83					
34			/		/			84					
35			/		/			85					
36			/		/			86					
37			/		/			87					
38			/		/			88					
39			/		/			89					
40			/		/			90					
41			/		/			91					
42			/		/			92					
43			/		/			93					
44			/		/			94					
45			/		/			95					
46			/		/			96					
47			/		/			97					
48			/		/			98					
49			/		/			99					
50			/		/			100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					